

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N47535

FILED  
Jan 15, 2007  
Secretary of State

**Entity Name:** FLORIDA DIVISION, UNITED DAUGHTERS OF THE CONFEDERACY, INC.

**Current Principal Place of Business:**

3708 PATTON AVE  
ARCHIVES BUILDING  
ELLENTON, FL 34222

**New Principal Place of Business:**

**Current Mailing Address:**

8 MITCHELL CT  
ORANGE PARK, FL 32073 US

**New Mailing Address:**

4547 MERSON LANE  
JACKSONVILLE, FL 32210 US

FEI Number: 59-6200502      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TURNER, ELIZABETH H  
8 MITCHELL CT.  
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

PARKINSON, META H  
4547 MERSON LANE  
JACKSONVILLE, FL 32210 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: META PARKINSON

01/15/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: TURNER, ELIZABETH H  
Address: 8 MITCHELL CT.  
City-St-Zip: ORANGE PARK, FL 320735935 US

Title: PD ( ) Delete  
Name: CASTILE, NORA F  
Address: 3627 COUNTY ROAD 218 E.  
City-St-Zip: MIDDLEBURG, FL 320685705 US

Title: SD ( ) Delete  
Name: WERNER, HELENE  
Address: 1163 SEMINOLE DR  
City-St-Zip: TALLAHASSEE, FL 323014666 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: PARKINSON, META H  
Address: 4547 MERSON LANE  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: PD (X) Change ( ) Addition  
Name: BROWN, ANN B  
Address: 393 NW OVERFLOW LAKE DR  
City-St-Zip: LAKE CITY, FL 32055 US

Title: SD (X) Change ( ) Addition  
Name: CROSBY, GAIL  
Address: 2916 W HARBOR VIEW AVE  
City-St-Zip: TAMPA, FL 33611 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: META PARKINSON

TD

01/15/2007

Electronic Signature of Signing Officer or Director

Date